(2) Whether

DATE OF BURIAL

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (6) For persons who have no occupation Automobile factory. The material 6 The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on · American Medical Association.) stated unless important. Example: Mcasles (disease tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., o: (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"Congenital," "Senile," etc.), "Dropsy,
"""Heart failure," "Haemorrhage, Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	PLACE OF DEATH	00293	STATE OF M	MARYLAND
	County Caroline	92-0	CERTIFICATE	OF DEATH
	Jan Jourse The Whouse		Registration D	ist. No. 62
Vi	dage of cityenely alena Vo. for		St.:Ward)	(If death occurred in
	2FULL NAME Charles SC	Bennett		(If deeth occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
	SEX 4 COLOR OR RACE 5 NINGLE, Rengle WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH	Jane. (Month)	(Day)(Year)
6	cest presure, 1	mey	192 T . to	nded the decessed from
	(Month) (Day) (Year			au 10, 19231
7	AGE		ed on the date exted a	bove, at
a	have 72 yrs. mos. ds. or min.?	The CAUSE OF DEAT	ri * was as follows:	
	occupation (a) Trade, profession or particular kind of work	Удионе	bulleulon	Heart
	b) General nature of industry	Lucas	<u></u>	***************************************
	pusiness, or establishment in which employed or (employer)		(Duration)	yrs
3	BIRTHPLACE (State or country)	Contributory Secondary	(1)	
	10 NAME OF FATHER	(Signed Alux	Lon Orea	M. D.
S	11 BIRTHPLACE OF FATHER		(Address) De	
ENT	(State or country) wither	*State the D Violent Caus s, st	iscase Causing Death, ate (1) Means of Inj or Homicidal.	or, in deaths from ury and (2) whether
PAR	12 MAIDEN NAME OF MOTHER MALCYNAUS		SIDENCE (For Hospita	als, Institutions, Trens-
	18 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrs	In the	tyre mos to de.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contri	acted, at home	2
	(Informant) Juna alfrid Brellow	Former or	aroline	Co Dreen do
	(Address) 70 Syremshors	19 PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL
15	Filed 1-13 130 las 10 Green C Registra	20 UNDERTAKER	& Zason	ADDRESS Deuton
-	If more blanks are needed, address State Registrary	16 W. Saratoga St. I	alto. Requesting V. S.	No. 1.

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(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of octired 6 yrs.). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, en at home, whatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report Foreman, (b) Automobile feetory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman. specifically the occupations of persons enwho are engaged in the duties of the For persons who have no occupation Locomolive (b) Grocery, engineer,

Statement of Cause of Death—Name, first, the DEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); phoid fever (never report "Typhoid Pneumonia"); obar pneumonia, Bronelopneumonia ("Pneumonia").

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of
..... (name origin; "Cancer" is less definite; avoid
use of "Tumor" for malignant neoplasms); Measles;
Whooping cough; Chronie valendar heart disease;
Chronic interstitial nephritis, etc. The contributory as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory". taken. For violent deaths state means of injury "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing unqualified, is indefinite); Tuberculosis of lungs, menearbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was underapproved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary),

If this certificate is looked over thoroughly and all questions appeared in detail, it will prevent further correspondence. A I the dra is essential and must be obtained before the certificate is permanently filed.

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ACE OF DEATH Village or City Mary dell PERSONAL AND STATISTICAL PARTICU 5 SINGLE 3 SEX 4 COLOR OR RACE MARRIED OR DIVORCED (Write the word) 6 DATE OF BIRTH Month! (Day) (Yesr) 7 AGE If LESS than I day hrs. min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) (Address

66294 STATE OF MARYLAND CERTIFICATE OF DEATH 131 Registration Dist. No.Ward) (If death occurred in a hospitai or institution, give its NAME in-stead of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Durstion)pyrs...... mos..... Contributory Secondary (Duration) (Address)/ *State the Disease Csusing Death, or, ln Vlolent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. deaths from (2) Whether

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ... In the vrs......ds Where was disesse contracted, if not at place of desth?.....

Former or haus | residence

CE OF BURIAL OR REMOVAL

If more branks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmet reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the to report specifically the occupations of persons enetc., Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ceretrosianal fever (the only definite synonym is "Epidemic cere prospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measlcs (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic valvular heart disease etc. The contributory

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	PLACE OF DEATH	00295 STATE OF MARYLAND
1	County Caroline	CERTIFICATE OF DEATH
		Registration Dist. No.
Vi	Mage or City Clerkles 180.	St: Ward) (If death occurred is a hospital ar institu
	2 FULL NAME Cellia Course.	a hospital ar institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 -INGLE, MARRIED, widow WIDOWED. CR DIVORCED (Write the word)	16 DATE OF DEATH 192
6	DATE OF BIRTH LEST PLANE, 1 (Month) (Day) (Year	that I last saw have alive on fam. 10, 1931
7	leaut 80 yrs. mos. ds. or min.?	
19	OCCUPATION (a) Trade, profession or particular kind of work	Leveril Certeres Scheron, S
6	(b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	(Duration) (Dyr) de de Contributory de substant fleen: (Daration) yrs / mod ? de
S	10 NAME OF FATHER 11 BIRTHPLACE	(Signed) Lastes H Stoppenfer M. D.
FN	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
PARI	12 MAIDEN NAME	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place of death yrs mos ds. State yrs mos ds Where was disease contracted,
14	(Informant) Mes plus Smitchel	if not at place of death?
	(Address) Szewsbrn	PROBLEM OF BURIAL OR REMOVAL PATE OF BURIAL
15	Filed 15731 1920 MAR MRRIM	20 UNDERTAKER MOORESS
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Ceasus and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Collon mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile feetory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocgaged, in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Mever return 'Laborer," "Foreraan," "Lanager," "Dealtired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning cfillness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Louscheepers who receive a worked on may form part of the second statement. whatever, write None. For many occupations a single word or term on For persons who have no occupation

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"PUERPERAL septicuemia," "PUERPERAL perilonitis, "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underapproved by Committee on Nomenclature of the carbolic acid-probably smode. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, Or HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory not

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	AFY, WITH UNFADING INKTHIS IS A PER NENT E	ite CAUSE OF DEATH in plain terms so that it may be properly IPATION is very important. See instructions on back of certif
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PLACE OF DEATH County Corroling	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 6
Village or City Federal shungho. R. F. D.	St.: Ward) Cannon (If death occurred in a hospital or institution, give ita NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Color or RACE SINGLE. MARRIED. WIDOWED. WIDOWED. Without the word)	16 DATE OF DEATH 5 " , 193 (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1925 /. to 1925 /. to 1925 /. that I last saw here alive on 2 6 7 6 7 7 195 /
or age If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at 11-50 Alm. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Or be Induffence) (Durstion) yrs mos de.
which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary (Durstion) / yrs
10 NAME OF SLOTGE NEON,	(Signed) (Address) Sulland M. D.
OF FATHER (State or country) 12 MAIDEN NAME 14 DA 20	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Ann Matthews,	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
(Informant) To the BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence OR PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Federals Reira Md. R.F.D.	Tedera coury, Md Ean. ", 1931
Filed Can 6 193 Than Registrar	S.T. Framptom & Son, Rederalsburg

If more bianks are peeded, address state Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) Physiciam, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of worked on may form part of the second statement. Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (nover report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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permanently filed.

stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

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PLACE OF DEATH	00297 STATE OF MARYLAND CERTIFICATE OF DEATH
County (ll Munic	60
0	Registration Dist. No.
Village or City Gold to M(No GN)	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIÉD, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
1 5 1031	/-27- 1927/. to / = 27- , 1927.
(Month) (Day) (Year)	that I last saw has calive on 1 - 2 7 - , 1927.
7 AGE If LESS than	
yrs. mos. 2 nds. or min.	The CAUSE OF DEATH * was as follows:
& OCCUPATION	Stoll got they
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Durstion)yrsde
Which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Duration) 478 478 478 478
10 NAME OF	1 Plante was
FATHER HERMAN C. J. MASSON	(Signed) 1 - 1927 (Address Mars All Mid
State or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Mi Horry	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos. ds. In the State yrs mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Former or usual residence
(Informant) (Address) Mach M. Gyaltford	Hutson Graseyard 1-28, 19
15 Filed - 28 1931 acsmet	29 UNDERTAKER DEPORTESS PRECULOSS
If more branks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Houscuife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Furnier free or given up on account of the DISEASE CAUSING DEATH Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation If the occupation has been changed -Coal mine, etc. (b) Grocery; Wom-

spinal meningitis"); Diphtheria avoid use of "Croup"); ed berm for the same disease. Examples: Cerebrospina to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Drs Typhoid fever (never report "Typhoid Pneumonia") (the only definite synonym is "Epidemic cerebrapneumonia, Bronchopneumonia ("Pneumonia,

> Approved by Committee on Nomenclature Apperican Medical Association.) (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondar; or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menledanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Exhaustion," "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; "Heart failure," "Haemorrhage, Chronic etc. The contributory valvular heart

permanently filed Indate is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. this certificate is looked over thoroughly and all questions

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WALLE TEN WITH DISTABILIED IN A LEAN LINE TO THE COLD	9 91	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exa	k of	
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	* BEvery item of information should be carefully supplied ACE should be stated EXACTLY, PHYS	2	statement of OCCUPATION is very important. See instructions on back of certificate.	
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PLACE OF DEATH	00298 STATE OF MARYLAND
Countylestalies	CERTIFICATE OF DEATH
Village OF CALLE LICEPHOL (No. 2FULL NAME John Weile	Registration Dist. No. 62 St.: Ward) (If death a cocurred im a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH Ruser.	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year	that I last saw h sa alive on 924 3 182
7 AGE If LESS than	
abaut 60 yrs. mos. ds or min.	The CAUSE OF DEATH * was as follows:
s OCCUPATION (a) Trade, profession or Rature Labora	Careinora of some (untileriment) aldonia
(b) General nature of industry	visilia
business, or establishment in which employed or (employer)	(Duration). 4 yrs. mos. de.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF January Feeteling	(Signed) (Duration) yrs mes de M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) whether
of MOTHER Backel Olekkor	Accidental, Suicidal or Hemicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
19 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) alice & Julelyins	Former or usual residence
(Address) . Ozilpelez Tell	Pring Fron Tours Jaw 13, 19 3
Filed 1 - 13 1936 Dr. 46 Heere Registras	L'dirgi Thoon Dardon
If more blanks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. cupation is very important, so that the relative health laborer, tion applies to each and every person, irrespective of should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Day Never return 'Laborer," "Foreman," " " " anager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an Physician, Compositor, Architect, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Househeepers who receive a en at home, whatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womyrs). who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Locomolive engineer,

Statement of Cause of Death—Name, first, the Disters EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Inphoid fever (never report "Typhoid Pneumonia"); obar pneumonia, Bronchopneumonia ("Pneumonia");

"Exhaustion," "Heart Imme, "Old Age," "Shock, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicacmia," "PUERPERAL peritonitis, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstital nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all approved by Committee on Nomenclature carbolic acid-probably sweide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-(Recommendations on statement of cause of American Medical Association.) Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH	00299 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 62
Village or City/ Seeler (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	J6 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH A Section 1922 (Month) (Day) (Year	that I last saw he alive on 3, 1971.
7 AGE If LESS than I day hrs. de. or min.?	and that death occured on the date stated above, at
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) y yra V mas de
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) A yes mos & de
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or countil) 12 MAIDEN NAME OF MOTHER	(Staned) M. D. *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 18 BIRTHPLACE OF MOTHER (State or country) Man land	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents) At place In the State yrs mos ds.
(Informant) See See See See See See See See See Se	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 1-6 1981 Fine SIF Georgia Registrar	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health saw to know (a) the kind of work and also (b) the Physician, Compositor, Architech, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid I'ousekeepers who receive a taborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Never return 'Laborer," "Foreman," "Lanager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, c.g., Farmer or Planter, business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enor given up on account of the DISEASE CAUSING DEATH. whatever, write None. Housemaid, etc. If the occupation has been changed ature of the business or industry, and therefore an Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Piphoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia");

inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Measles, (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory" taken. For VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(Recommendations on statement of cause of approved by Committee on Nomenclature American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, cough; Chronic Example: Measles (disease etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

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	PLACE OF DEATH	
	County Caraluie Co	
Vi	llago or City Tuly Rango. 2FULL NAME Mrs Lina Ke	
=	PERSONAL AND STATISTICAL PARTICULARS	
3:	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCEDIANIA (Write the word)	16
6 1	DATE OF BIRTH	17
	(Month) (Day) (Year)	th
7	AGE If LESS than	an
	74 yrs. // mos. 4 ds. or min.?	Th
0000	CCUPATION (a) Trade, profession or particular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer)	*****
	(State or country) Selacoure	
	10 NAME OF FATHER Jake Laue	(Si
RENTS	11 BIRTHPLACE OF FATHER (State or country) Delaware	£
PARE	12 MAIDEN NAME Elyaput Wheeler	18
	OF MOTHER (State or country) Selaware	At of o
14	(Informant) M. Des G. Laue	For usu
	(Address) Juenstown, Md	19
15	Filed 1- 20 1931 2m 40 Jung (Registral	20

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 62

unard su	Vard) (If death eccurred in a hospital or institu- tion, give Its NAME in- stead of street and number.)
MEDICAL CERTIFICA	TE OF DEATH
16 DATE OF DEATH (Month) 17 I HEREBY CENTIFY, That	
that I last saw h alive on and that death occured on the date si	Jan 18 1923!
The CAUSE OF DEATH was as follow	
(Durstion)	yrs
Contributory Secondary (Signed) Mafee Marion (Signed) 192 (Address)	Me Mos de M. D.
*State the Disease Causing D Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	eath, or, in deaths from of Injury and (2) whether
18 LENGTH OF RESIDENCE (For Fients or Recent Residents)	iospitale, Institutions, Trans-
At place of death yis mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.	n the Stateyrsmosde.
19 PLACE OF BURIAL OR REMOVAL SILLARO 20 MINDERTAKER	DATE OF BURIAL JALV 21, 1931 ADDRESS

If more blanks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U.S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) er," etc., without more precise specification as Day taborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of octircd 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken en at home, who are engaged in the duties of the Spinner, sary to know (a) the kind of work and also (b) the Civil engineer. Stattonary fireman, etc. But in many gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of household only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) (b) Automobile factory. The For persons who have no occupation Salesman, Locomotive engineer, (6) persons enmaterial Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., whon a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) approved "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by Committee on Nomenclature cough; " "Marasmus," "Old Age," "Shock," Chronic etc. The contributory valvular heart disease;

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MARGIN RESERVED FOR BINDING

V. S. No. 1

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	N. BEvery item of information should be carefully supplied. ACE should be stated EXAC CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classificate statement of occupation is very important. See instructions on back of certificate
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PLACE OF DEATH ,	00301 STATE OF MARYLAND
County Caroline	CERTIFICATE OF DEATH
(1)	Registration Dist. No. 60
Village or City Soldsboro (No	St.: Ward) St.: Ward) A hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOB OR RACE 5 SINGLE, MARRIEDAMIC WIDENES OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 ,
	17 I HEREBY CERTIFY, That I attended the deceased from 131 to 101 2 4 , 132 (Year) that I last saw herealist on 1927
ds. or ds. or ds. or	and that death occurred on the data stated above, at 6 40 9m. The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) West Vurquince	Contributory USUMA Secondary (Durstion) yrs 6 mos ds
10 NAME OF FATHER OF ORIGINAL OF STATES OF FATHER (State or country) Scalland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) UNKnown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of deathyrsmosds.
(Informant) Margini Downley	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Goldobro Ma 15 Filed/-26 131 acsmith Regist	Seems toro Md Jan 28, 1981 20 UNDERTAKER Pawlings Greens but
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If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborerwithout more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation -Coal mine, etc. Wom-

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"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school or At home, (are should be taken en at home, who are engaged in the duties of the Whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations of persons endefinite salary), may be entered as household only (not paid Housekeepers who receive a laborer. Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter Housemuid, etc. If the occupation has been changed Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; mary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary faremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various parsuits can be known. cupation is very important, so that the relative health-(4) Foreman, (b) Automobile factory. The material Statement of Occupation Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on 378.). without more precise specification as Day For persons who have no occupation Housewife, House-The ques-

THE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia." spinal meningitis"); Diphtheria (avoid use of "Croup"); to time and causation), using always the same accept fever (the only definite synonym is "Epidemic cenebro ed term for the same disease. Examples: Cordorospinal Statement of Cause of Death-Name, first, the Dis-

> ment of cause of death approved by Committee on head of "contributory." (Recommendations on state-Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the ture of the lujury, as fracture of skull, and conse Poisoned by carbolic acid-probably suicide. The na. train-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or "PUERPERAL septicacmia,""PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage." "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion," "Heart failure." symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Mensles use of "Tumor" for mallgnant neoplasms); Meusles; Examples: Accidental drowning; Struck by railway State cause "Uraemia," "Weakness." etc., when a definite disease vulsions," "Debility" ("Congenital," "Senile," etc.), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid mges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURIE for which surgical operation was under-Chronic valvular heart disease; "Апаетія" "Coma," "Con-"Haemor-(second-(disease (merely

the certificate is permanently filed cions answered in detail, it will prevent further correspond ence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all queen

V. S. No. 1.

n	ANENTRE	ay be stated l ay be properly back of certifi	
	IS A PER	ACE should that it mutically on I	
MARGIN RESERVED FOR BINDING	WRITE PLANTY, WITH UNFADING INK THIS IS A PER ANENT RE	N. BEvery Item of information should be carefully supplied ACE should be stated CIAMS should state OAUSE OF DEATH in plain terms so that it may be properly statement of OCCUPATION is very important. See instructions on back of certifit	Company of the compan
V. S. No. 1.		N. BEv	

PLACE OF DEATH	00303 STATE OF MARYLAND CERTIFICATE OF DEATH
County Cataline	(159) Registration Dist. No. Lo H
Village or City Federalshung(No ,	St: Ward) St: Ward) a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
s sex 1 color or race 5 single, Married, Widowed Or Divorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH (Month) (Day), 1 3/ (Year)	that I last saw h Q. Y. alive on Jan 14 1921. and that death occurred on the date stated above, at 3.35 4 m.
7 AGE If LESS than 1 dayhrs. yrsmosds. or 3.0 min. ?	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work.	
(b) General nature of industry business, or establishment in which employed or (employer)	Centributory Secondary
10 NAME OF FATHER LES Northrup 11 BIRTHPLACE OF FATHER 1/	(Signed) (Address) (Address) (Address) (Signed) (Address) (Address
(State or country) Autoria 12 MAIDEN NAME OF MOTHER Way Winglit	Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Carolina Co. M.J. 14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	At place of death
110 Novthrun	Former or usual residence.
(Address) Heulish, Ind, (Durlin),	19 FLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jan H 198 Hrampou Registrar	20 UNDERTAKERS ADDRESS Stramptom & Son, Deder als burg
If more blanks are needed, address State Registrar	. 16) W. Saratoga St., Balto., Requesting V. S. No. 1.

T BUCKER

(Approved by U. S. Consus and American Public Health Association.)

cupation is very important, so that the relative heaith--household only (not paid Housekeepers who receive a the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fuiness of various pursuits can be known. The queschould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (u) the kind of work and also (b) the cases, appecially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (l) Crocery; state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-(a) Foreman. (b) Automobile factory. The material whatever, write None. ured 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed siness, that fact may be indicated thus: Farmer (re-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on

Elatement of Cause of Death—Name, first, the DEST MASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept, ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia, Bronchapneumonia ("Pneumonia.")

Tions answered in detail, it will prevent further correspondmence. All the data is essential and must be obtained before the certificate in permanently filed.

Nomenclature of the American Medical Association.) stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvuisions," "Debility" ("Congenital," "Senile," etc.), symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (mereiy ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia (second-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart discase; State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skuil, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or taken. For violent deaths state muans of injunt "Purperal septicaemia," "Purperal peritonitis," etc. Poisoned by carbolic acid-probably suicide. The na-If this certificate is looked over thoroughly and all ques-Example: Measles (disease (Recommendations on state-

PLACE OF DEATH	CERTIFICATE OF DEATH
County Carblene	Registration Dist. No. 62
Village or Aleas Deulan Vo. 9 2FULL NAME Clarkes Sea	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. CR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year	that I last saw here alive on
7 AGE If LESS that I dayhr	a. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yro 7 de
which employed or (employer) BIRTHPLACE (State or country) Delaware	Contributory Secondary (Durstan) yrs mos de
10 NAME OF HOS Tritchell	(Signed MUSTON) Junge M. D. 1- 14 1921 (Address) Lewing
OF FATHER (State or country) 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER FRANCIS MASSE 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos de Where was disease contracted, if not at place of death?
(Informant) Hear Pritchett	Former or usual residence.
(Address) Deetler Zuf	Jesley Church Jan 19
Filed 1-14 1901 Mes All Jungle Registras	20 UNDERTAKER (ADDRESS
If more blanks are needed, addross State Registr	ar, 6 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U.S. Census and American Public Health Association.)

"guged in domestic service for wages, as Servant, Cook should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocert; additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Spinner, nature of the business or industry, and therefore an to report specifically the occupations of persons enployed, as At school, or household only (not paid Kousekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, er," etc., worked on may form part of the second statement.

Never return 'Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (rc-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation Laborer-Coul mine, etc. Wom-At home. Care should be taken

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pival fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); obar pneumonia, Bronehopneumonia ("Pneumonia");

"as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (diseaso inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicacmia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all Whooping accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as approved by Committee on Nomenclature of the (Recommendations on statement of cause of carbolic acid-probably smacide. The nature of the injury Examples: Accidental drowning; Struck by railway train American Medical Association.) Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. valvular heart disease; The contributory

7 193

PLACE OF DEATH	STATE OF MARYLAND
County Caroline	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Luedo bee (No.	
Village or City Twells Del (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Mare White (Write the word)	(Month) / 8 (Day) / 93 ch)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan 12 , 186	92 . to , 192 . ,
(Month) (Day) (Year	that I last saw halive on, 192,
7 AGE	
63 yrs. mos 6 ds. or mi	
8 OCCUPATION	- The well?
(a) Trade, profession or particular kind of work	y mana
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duratida) moy de.
9 BIRTHPLACE	Contributor WWW Secondary
(State or country)	Buration) Tyre mos ds.
10 NAME OF A	(Signed) NA DUSEL S. M. D.
FATHER Shormas H, Stockley	(Address) Galds low Mind
OF FATHER	
OF FATHER Z (State or country) Teleware	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Command I To me News	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	At place In the of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
0 00 00 00	Former or
(Informant) Mrs. Mary, C. Therkley	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Lucy to Trate	Greens bero med 1/20/1. 19
15 Filed//20/3/92 alsome Regular	P. B. Rawlings Treew hope
If more bianks are needed, address tate Regi	rar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Houscwife, Houseen at home, who are engaged in the duties of the laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business. that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed guged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons ployed, as .16 school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or For many occupations a single word or term on especially in industrial employments, it is necesman, (b) Automobile factory. The material At Home, and children, not gainfully em-Compositor, For persons who have no occupation Stationary fireman, etc. But in Archilect, Locomolive engineer, (6)

Strtement of Cause of Death—Name, first, the Distract Ears ("USING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease, Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishlherta (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Semile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; approved by Committee on telunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; Bronchopneumonia (secondary) (secondary Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY interstitial nephritis, or intercurrent) affection need not be Chronic etc. The valvular heart disease; Nomenclature of the contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ZJ

PLACE OF DEATH	STATE OF MARYLAND
County Caroline	CERTIFICATE OF DEATH
e e	Registration Dist. No.
Village or City Treensboro (No	St: Ward) St: Ward) St: Ward) Smith State Ward (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male The Single, MARRIED, MIDWED, Accided OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1980 to 1981 that I last saw harmalive on 1981
JO yrs. 6 mos. 3 6 ds. or min.	. The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Mary Care	(Durstion) yrs. shoe de
10 NAME OF Mathew Smuth	(Signed) harts & Tonewfer M. D. 1-10-1981 (Address) Gregory M. D.
OF FATHER (State or country) Mary Cand 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental Suicidal or Homicidal.
of MOTHER Hausey Hockel, 13 BIRTHPLACE OF MOTHER (State or Country) Mary Cand	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos. ds. In the State yrs ds. Where was disease contracted,
(Informant) Mrs A South	if not at place of death?
(Address) Lucustro 211d	20 UNDERTAKER ADDRESS
Registrar	A. B lawludge Sucustice

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servan, Codi, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosymal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No. 1

	PLACE	OF DEATH			66367	STATE C
C	County	Caroline			(110)	CERTIFIC/ Registrat
Vill	age or City	Preston	(No	- 1 1		St.:V
	2FU	LL NAME Mac	k H. Smit	h	***************************************	·•••••••••••••••••••••••••••••••••••••
	PERSO	NAL AND STATIST	CAL PARTICU	LARS	MEDIC	AL CERTIFICA
3 5	kale	A COLOR OR RACE	SSINGLE, SI MARRIED, WIDOWED, OR DIVORCED (Write the word	ngle	16 DATE OF DEATH	Jan. (Month)
	ATE OF BIF				170 I HEREBY	CERTIFY, That
		March (Month)	17 (Day)	, 1 905 (Yesr)	that I last saw has	19 5 (), to
7 A	GE	25 yrs. 9	mos. 19 ds	If LESS than I day hrs.	and that death occur The CAUSE OF DEAT	H * was profollo
100	BIRTHPLACI	ountry)	h 01-		Contributory Contributory	Green
	10 NAME (OF .	h Carolin E. Smith	18.	(Signed)	9.13.7
TS	OF FATI	LACE			*State the D Violent Causes, st Accidental, Suicidal	(. (Address)
Z	12 MAIDE		nna Foste	ייר	18 LENGTH OF RE	
PARENT	OF MOT	deorga				
PA	13 BIRTHF OF MOT (State o	HER r Country)	c		At place of deathyrsn	nosds.
PA	13 BIRTHF OF MOT (State of the ABOVE	PLACE HER Y Country) IS TRUE TO THE BEST	C.		At place	eidente) 108de. racted, h?
PA	13 BIRTHP OF MOT (State of the ABOVE) (Informant)	PLACE HER Y Country) IS TRUE TO THE BEST	C. TOF MY KNOWL	EDGE	At place of death	eidente) nosde. racted, h? L OR REMOVAL

F MARYLAND TE OF DEATH

on Dist. No. 6

(If death occurred in a hospital or institu-tion, give its NAME in-stead of strest and number.)

State.....yrs.....mos...

ADDRESS

DATE OF BURIAL Jan 8 . 1930

E OF DEATH (Day) ath, or, in deaths from Injury and (2) Whether ospitals, Institutions, Transthe

Preston, Md V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salcsman, (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal maningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "(Exhaustion," "Heart lauure, Liaculvi, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association approved by tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Chronic valvular heart disease; Nomenclature of the

If this certificate A looked over thoroughly and a'l questions answered in detail it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CORD	ated EXACTLY, PHYSI- operly classified. Exact certificate.	PLACE OF DEATH County Abole Village or City Federalsh (No. Derrerican) 2FULL NAME Smi	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 64 (If death occurred in a hospital or institution, give its NAME irstead of street and number.)
	ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DING	lid be st lay be pr back of	Femule While Single, Wildowed, OR DIVORCED (Write the word)	(Month) (Day) (Year)
A PER	s o s	(Month) (Day), 1930	that I last saw h alive on
INKTHIS IS IN supplied. It see instruc		7 AGE If LESS than I day hrs. de. or min.	and that death occurred on the date stated above, at
		a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Stell Barn yes mos ds.
MARGIN RE UNFADING	be caref EATH in importa	9 BIRTHPLACE (State or country)	Contributory Secondary (Durahoy) yrs
MAR TH UN	DE DE DE S very	10 NAME OF FATHER UNISHERY	(Signed) Selfell M. D. M. D. J. 1922 (Address) Fulfold sleeping
, WIT	CAUSE TION I	OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
877	Inform Store Occord	OF MOTHER Melking Smulling 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	ients or Recent Residents) At place
WRITE P	item of s should nent of	(Informant) Mellipse Smulle	if not at place of dea h?
». 1 W	Every Item CIANS sho statement	(Address) Felfrulle emp	American Corner and Jon 20", 1931
V. S. N.		Filed Out, 20 193 Registras Registras If more b.anks are needed, addre. s. tate Kegistras	The W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, tion applies to each and every Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Forenan, first line will be sufficient, e.g., Farmer or Planter, sician, Compositor, Architect, Locomotive engineer, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesmon. (b) Grocery; man, (b) Automobile factory. The material without more precise specification as For persons who have no occupation Stationory fireman, etc. But in many person, irrespective of Day

Statement of Cause of Death—Name, first, the DEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, stated unless important. Example: Measles (discase "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mercly symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles, nban approved by Committee on lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiperitonaeum, etc., Corcinoma, Sarcoma, fied, is indefinite); Tuberculosis of lungs, men-(name origin; "Cancer" is less definite; avoid or intercurrent) Chronic valvular heart disease, etc. The contributory affection Nomenclature need not be etc., of

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PLACE OF DEATH	06309 STATE OF MARYLAND
County Caralul	CERTIFICATE OF DEATH
la constant de la con	Registration Dist. No.
Village or City Greens to (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and
2 FULL NAME and H, Swa	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRISO, WIDE WIDE OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to , 192 that I last saw halive belad bn arraya; 192
7 AGE If LESS than I day hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Eghaufet) (Eulomobel) (Duretion) vrs. mos. de.
9 BIRTHPLACE (State or country) Md, 10 NAME OF FATHER William Swam 11 BIRTHPLACE	Contributory Secondary (Durstion) The property of the proper
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicial. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Informant) Jus James H Luceur	Former or usual residence
(Address) Seems too md	Sucus foro mid 1/7/3/10
15 Filed and 7 th 1931 L. Mas Programme	P. B. Rawlings Krews tro 4
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup fever (the only definite synonym is "Epidemic cerebro" ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Lobar pneumonia, Bronchopneumonia Typhoid fever (never report "Typhoid Pneumonia ("Pheumonia,

> ppproved by Committee on Nomenclature (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Whooping Never report mere symptoms or terminal condicough; Chronic valvular heart disease; terstitial nephritis, etc. The contributory

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very item of information should be carefully supplied. ACE should be stated EXACTLY CORD Y MARGIN RESERVED FOR WITH UNFADING INK--THIS IS

Vill	2FULL NAME George Same
	PERSONAL AND STATISTICAL PARTICULARS
3 S	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 E	(Month) (Day)
7 A	75 yrs. 9 mos. H ds. or
	a) Trade, profession or
) h	b) General nature of industry usiness, or establishment in which employed or (employer)
) w 9 E	usiness, or establishment in which employed or (employer) SIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE
ARENTS 6	usiness, or establishment in which employed or (employer) SIRTHPLACE (State or country) 10 NAME OF FATHER Aundy Write.
) w 9 E	INTHPLACE (State or country) IN BIRTHPLACE OF FATHER (State or country) IL MAIDEN NAME University of the state of the s

If more branks are needed, address State Registrar

06316	STATE	OF I	MARY	LAND
	CERTIFIC	CATE	OF	DEATH



Registration Dist. No.

.....Ward)

MEDICAL CERTIFICATE OF DEATH

(if death occurred in a hospitel or institu-tion, give its NAME in-stead of street and number.)

16 DATE OF DEATH	gan.	25"	1931
	(Month)	(Day)	(Year)
17 I HEREBY CI	and he had a second	attended the de	eccased from
, / 1	31 /	1./3.5	192
······································	192/l. to	4. 2/	<1
that I last sew h	live on	~ T	, 1925
and that death occurred	on the dete sta	ted above, at 1.1	-20 A-m
The CAUSE OF DEATH			
×	11		-
701/20	110011	~ ~ /	1,000
I WANTED	Augun	y V	
***************************************		-A.	
	-	1	
• • • • • • • • • • • • • • • • • • • •	(Durstion)	yis,i	nosds.
Contributory	000m00mm400000000000000000000000000000		
Secondary	1	0	
·	Duration)	yrs	mosde,
(Signed)	11/18/20	TT 0	
1131 11	1 4	Marcella	land not
1951	(Address)	4. FUX Du	- 5 LIL
/ *State the Dises Violent Causes, state Accidental, Suicidal or	(1) Means of	th, or, in de Injury and (2	aths from) Whether
18 LENGTH OF RESIL		ospitals, Institu	tions, Trans-
At place	In	the	
of deathmos.	ds.	Stateyrs	mos,ds.
Where was disease contract if not at place of death?		•••••	
Former or usual residence			
19 PLACE OF BURIAL	OR REMOVAL	DATE OF	BURIAL
Bethel.	Mrd.	Han 2	195
20 UNDERTAKERS		ADDRESS	
Hitrautto	mo son.	D'edera	lo bring.
W. Saretoga St., Bal	to., Requesting	V. S. No. 1.	na o
			, And

(Approxed by U. S. Census and American Public Health Association.)

ployed, as Al school, or Al home. Care should be taken Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery, (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from laborer, Form laborer, Loborer—Coal minc, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Doy Civil engineer, Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-For persons who have no occupation Stotionary fireman, etc. But in many

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PLACE OF DEATH	00311 STATE OF MARYLAND
County Caraluy	CERTIFICATE OF DEATH
00	Registration Dist. No.
Village or City Lucius berg (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARKED, Windle OR DIVORCES (Write the wold)	16 DATE OF DEATH January 3 , 1931 (Month) (Day) (Year)
6 DATE OF BIRTH 13 1899	17 HEREBY CERTIFY, That Lattended the deceased from 1820 to 3, 1924, that I last saw h alive on 1930,
7 AGE 3 30 yrs. / mos. 20 ds. or min.	The CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Appliant Suberaulosis (Durstion) yes. 3, mos. ds.
9 BIRTHPLACE (State or country) Md	Contributory Secondary (Duration) yes de.
10 NAME OF Jahren Mashero	(Signed) hurte It Spenessfer M. D.
OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Selly Welson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLAGE OF MOTHER (State or Country) H. A.	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address) Laceus horo me	Seems bero md Sans, 1931
15 Filed and 5t 1921 A Man Popularian	R. B Kawling Greens bro
If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY can be ascertained as the cause. Always qualify all (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(etanus) may be stated under the head of "contributory." Whooping cough; Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., o Never report mere symptoms or terminal condi-Chronic valvular heart disease; ncphritis, etc. The contributory

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